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HEALTH CARE ACCESS

**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	The Stamford Hospital	
Doing Business As	The Stamford Hospital	
Name of Parent Corporation	Stamford Health System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	30 Shelburne Road, P.O. Box 9317, Stamford, CT 06904-9317	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Kathleen A. Silard, Senior Vice President, Operations	
Contact person's street mailing address	30 Shelburne Road, P.O. Box 9317, Stamford, CT 06904-9317	
Contact person's phone #, fax # and e-mail address	Phone-(203) 276-7505, Fax -(203) 276-5529, e-mail: ksilard@stamhealth.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Purchase of 64 Slice CT Scanner

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition` | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input checked="" type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

30 Shelburne Road, Stamford, CT 06904

d. List all the municipalities this project is intended to serve:

Stamford, Darien, New Canaan, Cos Cob, Greenwich, Old Greenwich, Riverside, Norwalk, Westport, Wilton, Southport, Bridgeport, Fairfield, Ridgefield, Weston, Bedford, NY, Bedford Hills, NY, Katonah, NY, Mt Kisco, NY, Port Chester, NY, Pound Ridge, NY, Rye, NY and South Salem, NY.

- e. Estimated starting date for the project: November 2005
- f. Type of project: **20 (CT Scanner)** (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

There will be no changes to staffed or licensed beds as a result of this proposal.

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$1,275,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	\$975,000
Non-Medical Equipment (Purchase)	\$290,000
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$1,275,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$1,275,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
64 Slice CT Scanner	Aquillion	Toshiba	1	\$975,000

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Project Description

The Stamford Hospital ("TSH") is proposing to purchase a Toshiba 64-slice CT to augment existing diagnostic imaging services at its main campus facility. The scanner will be located within TSH's Radiology Department.

As a result of this proposal, diagnostic radiology services will be provided in a technologically advanced manner that will improve patient care and throughput for one of the Hospital's most heavily-utilized departments. The underlying methodology behind the 64-slice CT scanner is the speed and accuracy at which images are depicted, thus enabling rapid diagnoses. For example, an emergency patient presenting to the Hospital could have a pulmonary embolism, an aneurysm and a heart attack ruled out in seconds. The scanner's unique capabilities are also expected to provide critical support to TSH as a Level II-designated trauma center.

Additional advantages of the 64-slice CT scanner include the following:

- The dose of radiation that the patient receives is minimized and less contrast medium is used.
- The breath-hold time (the time that the patient is required to hold their breath so the chest will be still to allow for the clearest images possible) is dramatically shortened. This is especially important for patients who are short of breath due or have respiratory issues.
- High quality images are readily obtained in difficult to treat cases such as the morbidly obese patients.
- Patient comfort and satisfaction are also increased, as there is less time for the patient to wait.

The 64-slice CT scanner also serves as a springboard for a comprehensive and integrated cardiovascular imaging program that will allow more efficient diagnosis and treatment for the patient while also providing more accurate information for the physician to identify and treat the underlying injury or disease. This technology can also extend to other applications in heart imaging, virtual colonoscopy, virtual bronchoscopy and neurovascular imaging.

Currently, there are no other providers with this technology in TSH's service area. The CT services will be provided under TSH's existing license. In addition, no change in TSH's patient population or payer mix is expected to occur as a result of this proposal.